



## Family Information Form

**Note:** This form is to be completed by CF personnel (Reg/Res) and Civilian employees prior to being away in excess of two weeks. Once completed this form is to be submitted to Halifax & Region MFRC Halifax Site Attn: Deployment Services Coordinator

1. Particulars of CF Member			
Service Number	Rank	Surname	Given Name & Init.
Home Unit Name		Home Unit Location	
Deployed Unit	Deployment Date	Trade	
Mounting Unit	Please check one		
	Reg Force Mbr <input type="checkbox"/> Res Force Mbr <input type="checkbox"/> Civilian Mbr <input type="checkbox"/>		
Departure/Training Date	Anticipated Return Date Home	Deployment Location/Mission/School	
Marital Status (Married/Single/Common law)			
Please provide name of spouse if applicable			
Number of children and ages			
Your Current Home Address	City/Province	Postal Code	
Mailing Address (If different from above)	City/Province	Postal Code	
Home Phone Number	Cell Phone Number	Work Phone Number	
( )	( )	( )	
Are you currently on Imposed Restriction?	Yes    No		

**Halifax & Region Military Family Resource Centre**  
902 427-7788 / 1-888-753-8827

**Who do you wish to be contacted for family support services? Contact 1  Contact 2  Both**   
**Please specify the method (s) of contact you prefer: Telephone  Email  Mail**

<b>Primary Contact (1)</b> (If it is your spouse, write "spouse")	
Relationship	Language
Name	Address &
City	Province and Postal Code
Home Phone Number ( )	Cell Number ( )
Work Number ( )	Email ( )

<b>Primary Contact (2)</b>	
Relationship	Language
Name	Address
City	Province
Home Phone Number ( )	Cell Number ( )
Work Number ( )	Email ( )

<b>Special considerations that you or your family may have while away (e.g. Pregnancy, Disability, etc.)</b>

**Privacy Disclaimer**

The information on this form will be kept confidential and used only for the purpose for which it was collected within the Deployment Support Centre's (DSC), the Military Family Resource Centre's (MFRC) and Unit. The DSC and MFRC adhere to the *Privacy Act*. I understand this information will be shared with DSG/DSC/MFRC/Units.

Member's Signature: \_\_\_\_\_

Date (D/M/Y): \_\_\_\_\_

For DSC/MFRC Use Only	
Date Rec'd:	Date Entered: